

16152
08/20/03
C
S
O
P
T
O

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT APPLICATION TRANSMITTAL

00746 U.S. PTO
10/647197



CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that on **August 20, 2003** this document and all listed attachments are being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee" mailing Label Number EU 725 534 861 US addressed to Mail Stop Patent Application, Commissioner for Patents, Box 1450, Alexandria, VA 22313-1450.

GAYLE VINSON

(Type or Print name of person mailing paper)

(Signature of person mailing paper)

Attorney Docket No. 0180.0046
First Inventor: William M. Pardridge
Title: IMMUNONANOPARTICLES

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith for filing in the above-identified patent application are:

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Transmittal/Fee Calculation | <input checked="" type="checkbox"/> Oath and Declaration [Total Pages 2] | <input type="checkbox"/> Copies of IDS References |
| <input checked="" type="checkbox"/> Application Data Sheet | <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Sequence Listing |
| <input checked="" type="checkbox"/> Specification [Total Pages 28] | <input type="checkbox"/> Assignment (incl. Cover Sheet) | <input type="checkbox"/> Computer-Readable Copy |
| <input checked="" type="checkbox"/> Drawings [Total Sheets 8] | <input type="checkbox"/> Information Disclosure Statement | <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) |

FEE CALCULATION: The filing fee has been calculated as shown below:

| For | Claims Filed | No. Extra | Small Entity Rate | Small Entity Fee | Standard Rate | Standard Fee |
|---|--------------|-----------|-------------------|------------------|---------------|--------------|
| Basic Fee | | | | \$375.00 | | \$750.00 |
| Total Claims | 50 - 20 = | 30 | x \$ 9.00 | 270.00 | x \$ 18.00 | |
| Independent Claims | 1 - 3 = | 0 | x \$ 42.00 | 0.00 | x \$ 84.00 | |
| <input checked="" type="checkbox"/> Multiple Dependent Claims Presented | | | + \$140.00 | 140.00 | + \$270.00 | |
| | | | Total | 785.00 | Total | |

METHOD OF PAYMENT

The Commissioner is hereby authorized to charge deficiency of indicated fees and credit any overpayments to:

Deposit Account No.

Charge any additional fees Required Under 37 CFR 1.16 and 1.17

Deposit Account Name

Applicant claims small entity status 37 CFR 1.27

Payment Enclosed:

Check Credit Card Money Order Other

Respectfully submitted,

David J. Oldenkamp, Reg. 29,421

SHAPIRO, BORENSTEIN & DUPONT
233 Wilshire Boulevard, Suite 700
Santa Monica, California 90401
(310) 319-5411 (Telephone)
(310) 319-5401 (Facsimile)

Dated: August 20, 2003